



LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

Physical Address: 630 Camp Street, New Orleans, LA 70130

Mailing Address: P.O. Box 30250, New Orleans, LA 70190

Phone: (504) 568-6820; Fax: (504) 568-6880

Information / Application for Intern Permit (PGY-1)

SPECIAL NOTES

Website: the LSBME website is www.lsbme.louisiana.gov

Updates: For updates and information, visit the LSBME website: www.lsbme.louisiana.gov

Revisions: Information provided herein is subject to revision.

Questions: e-mail lhull@lsbme.louisiana.gov
(504)568-6820 (auto attendant) + 271

LSBME Application

Visit the LSBME website. Click on Licensure.

Scroll down to Temporary Licensure Applications and click on

[Internship Registration Application \(US/Canadian Graduates Only\)](#)



PLEASE READ CAREFULLY

Due to the aftermath of hurricanes Katrina and Rita, the LSBME is not conducting fair days this year. All students who matched with a Louisiana medical school for the 2006-2007 internship year is responsible for getting their materials into the board office at 630 Camp Street, New Orleans, LA themselves.

Checklist:

- ❑ APPLICATION [Go to the LSBME website for information and application form.
- ❑ NECESSARY SUPPORTING DOCUMENTS – See below.
- ❑ MONEY ORDERS or PERSONAL CHECKS —See special instructions at “FEES” herein below.
- ❑ INFORMATION ON FINGERPRINT CARDS—See special instructions at “Criminal Background Check” herein below.

Passport Photos: See application for details. Applicants will need to provide two (2) recent photographs. Generally, passport quality pictures are developed in pairs. While the LSBME needs only one (2) recent photographs, applicants may need additional photographs for other applications (i.e. USMLE Step 3). “RECENT PHOTOGRAPH” means a photograph which meets the following criteria: of applicant alone and taken *within six months* of filing of the application, passport quality photograph, clear, front view, full face without a hat or dark glasses. Further, the “recent photograph” *cannot* be any of the following: full-length photos, black and white or computer-generated photograph, snapshots (including Polaroid).

Criminal Background Check:

For information or materials contact (504) 568-6820 ext. 482 or email lsbmemat@lsbme.louisiana.gov.

Applicants with Criminal Histories, including pending matters, may expect delays.

Like many states, the Louisiana State Board of Medical Examiners (LSBME) conducts a criminal background check as part of the application process.¹

Applicants, who have been arrested, **charged**, convicted or pled guilty or nolo contendere to violation of a federal or State statute should be prepared to address the matter with the LSBME. Applicants must submit the two (2) cards, issued by the LSBME, with their fingerprints imprinted on the cards. The cards are forwarded by the LSBME to the Louisiana Department of Public Safety and Corrections (DOC) and to the Federal Bureau of Investigations (FBI). Generally, the background check is not complete and the report is not forwarded to the LSBME until approximately 60 days after the DOC and FBI have received the fingerprint cards

The LSBME may conduct further investigation, as it deems necessary.

Common Causes for Delay; Preparation for Application:

Below is a list of common causes for delay. Applicants should carefully review the instructions and application on the LSBME website to be sure that they have gathered all necessary documents timely.

Notarized Birth Certificate. Contact Vital Records in Louisiana or applicable State if you do not have a birth certificate. Part I. General Instructions for physicians include the website address for Louisiana Vital Records in the section which addresses birth certificates. The Louisiana Vital Records website includes links to Vital Records websites for other States. Note: The birth certificate **must bear the seal of the issuing agency**.

Diploma. The medical schools at Louisiana State University—New Orleans and Louisiana State University—Shreveport copy the diploma of each student who participates in a Louisiana Match Program and forwards a certified copy of the diploma to the LSBME. Graduates of Tulane University Medical School and other medical schools should either make arrangements for their medical school to copy, certify and forward the certified copy of the diploma to the LSBME OR bring the original diploma along with a copy for reviewing & verification by LSBME staff to the LSBME office. The LSBME will *not* accept a certified copy of the medical school diploma from the applicant.

¹ LSA-R.S. 37:1270(A) (7)

FEES

To complete the Application, each applicant will need to provide monies for the following:		
	Items	Amount of Payment
Collected by LSBME	PERSONAL CHECK OR MONEY ORDER Payable to Louisiana State Board of Medical Examiners (Intern Permit)	\$50.00 PERSONAL CHECK OR MONEY ORDER
	MONEY ORDER ONLY Payable to: Louisiana Department of Safety and Corrections (Fingerprint Record Check)	\$50.00 MONEY ORDER ONLY

INSTRUCTIONS FOR PHYSICIANS & OSTEOPATHS

PHYSICIANS AND OSTEOPATHS

PERMITS

PGY1

- For up to 12 months
- Issued to graduates of medical school
- For first year internship

PGY2

- For up to 12 months
- Issued to graduates of a medical school
- Can be issued to graduates of a medical school who have not taken and/or passed USMLE Step 3
- If applicant has not previously received LSBME-issued PGY1 permit (i.e. applicant from out-of-state moving to Louisiana and applying for PGY2 permit) applicant must complete a licensure application and provide letter from PGY2 Program Director

Checklist:

- Recent photograph attached to Certificate of Dean/Registrar.
- Original and 8½" X 11" photocopy of diploma M.D./D.O. from approved school located in U.S., including Puerto Rico, or Canada.
No substitute accepted.
- See discussion of birth certificates and passports herein.
- Criminal Background Check Materials

About USMLE

USMLE Step 3/LICENSURE APPLICATIONS—AMERICAN/CANADIAN APPLICANTS ONLY

USMLE packets are different from LSBME licensure application packets. USMLE Step 3 applications are available from the Federation of State Medical Boards, Inc. (FSMB). Do not contact the LSBME for applications for USMLE packets. Applications for the USMLE Step 3 are available to the applicant by contacting the FSMB. See "About the Federation of State Medical Boards, Inc." herein and the FSMB website at www.fsmb.org. Failure to appear for a scheduled USMLE Step 3 examination will result in an automatic failure as set forth by the LSBME.

The Federation of State Medical Boards, Inc. (FSMB) provides that USMLE Step 1 and Step 2 do not have to be taken in a specific order. An applicant can register for both simultaneously and take both tests within days of each other. ***Step 3 has the following USMLE pre-requisites:***

- M.D. degree (or equivalent) or D.O. degree;
- Pass USMLE Step 1 and Step 2;
- If International Medical School Graduate (IMG), must be ECFMG certified; and
- Meet conditions required by the LSBME

The applicant who has failed a step of the USMLE must wait 60 days from the date of the previous sitting to retake that step. There is a limit of 3 attempts to pass a Step in a 12-month period. For further and/or new and/or additional information regarding the USMLE, contact the FSMB at www.fsmb.org.

Applicant Who Does Not Take and Pass USMLE Step 3

The applicant who does not take and pass the USMLE Step 3 may apply for a PGY2 permit for up to 12 months. This has the effect of providing applicants with a 24-month period during the PGY1 and PGY2 years to take and pass the USMLE Step 3. The applicant who has not taken and passed the USMLE Step 3 prior to the expiration of the PGY1 or PGY2 permit may not be licensed by the LSBME until such time that the applicant has taken and passed the USMLE Step 3. The LSBME does not issue a PGY3 permit in these cases. As such, there is generally no permit or license issued and immediately available to the applicant who has not taken and passed the USMLE Step 3 when the PGY2 permit expires.

Four Strikes and You're Out (applies to USMLE Steps 2 and 3)

Applicants are limited to 4 attempts to take and pass the USMLE Step 2. Applicants are limited to 4 attempts to take and pass the USMLE Step 3. An applicant who fails USMLE Step 3 after the third attempt must take 6 months of approved training before permitted to take Step 3 for the fourth and final time. This applies to all examinations (FLEX, SPEX, NBME, NBOME, COMLEX-USA, or a combination thereof).

Examination And Board Action History Report (EBAHR)

Applicants who are required to take the USMLE must complete the Examination and Board Action History Report (EBAHR) form and arrange to have scores forwarded to the LSBME. EBAHR forms are available by contacting the FSMB at the following address:

Federation of State Medical Boards, Inc. (FSMB)
400 Fuller Wiser Road, Suite 300
Euless, Texas 76039-3855
Phone: (817) 868-4000
Web site: www.fsmb.org

About Federation Credentials Verification Service (FCVS) Applicants for licensure who are in the process of seeking employment and/or applicants for licensure/certification by multiple states and/or multiple entities (i.e. hospitals, insurance companies) that require primary source verification, applicants may consider applying with the Federation of State Medical Boards Credentials Verification Service (FCVS). The FCVS at www.fsmb.org states: *The FCVS provides a centralized, uniform process for state medical boards as well as private and governmental entities to obtain a verified, primary source record of a physician's core medical credentials. This service is designed to lighten the workload of credentialing staff and reduce duplication of effort by gathering, verifying and permanently storing a physician's credentials in a centralized repository. FCVS obtains primary source verification of medical education, postgraduate training, licensure examination history, board action history and identity. This repository of information allows a physician to establish a confidential, lifetime professional portfolio that can be forwarded at the physician's request to any interested party, including, but not limited to: state medical boards, hospitals, managed care plans and professional societies.*

For more information about the FCVS process, contact the FCVS toll-free at 1-888-ASK-FCVS (1-888-275-3287) or visit the website at www.fsmb.org.

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**MUST BE TYPED OR
BLOCK PRINTED**

ATTACH PHOTO HERE

**APPLICATION FOR INTERNSHIP REGISTRATION
(U.S./CANADIAN GRADUATES ONLY)**

Name: Last			First			Middle			Suffix (Sr., Jr.)			Suffix (MD/DO)			
List all names in which you have ever been known:															
Social Security Number					Driver's License Number & State					One Year Internship to be served:					
					From:					To:					
Addresses	Internship Address	Name of Hospital & Department						City				State			
		Zip + 4		County/Parish		Country if not U.S.		Telephone (Area code, #, Ext.)			Pager Number				
	Home Address	Street & Number						City				State			
		Zip + 4		County/Parish		Country if not U.S.		Telephone (Area code, number).							
	Preferred Mailing Address	Street Number or Post Office Box						City				State			
		Zip + 4		County/Parish		Country if not U.S.		Telephone (Area code, #, Ext.)			Pager Number				
Identification	Race		Sex		Weight		Height		Eyes		Hair		Marks		
Email/Cell/Fax	Email Address					Cell Phone					Fax Numbers				
											Home Business				
Birth (must submit ORIGINAL or Certified Copy of birth certificate)	Place						Date				Are you a U.S. Citizen?				
	If not native born citizen of the U.S., give the following information:						Type of visa:								
							If Naturalized, give certificate number:								
							INS number:								
							Petition number:								
							Date issued:								
							District court through which issued:								
Marital Status	Spouses First Name:					Last Name (if different from yours)									
U.S. Active Duty	Branch					Dates Served:					Discharge				
						From: To:									
Licensure History	Have you ever held any type of licensure in Louisiana? If yes, give type and number.														
Medical/ Osteopathic School	Name					School Address					Date of graduation				
I wish to apply for a license to practice medicine in Louisiana? <input type="checkbox"/>Yes <input type="checkbox"/>No, If yes, indicate on what basis: <input type="checkbox"/> U.S.M.L.E. to be taken in and for Louisiana or <input type="checkbox"/>Reciprocity with the State of : _____ Based on (check one): <input type="checkbox"/>FLEX <input type="checkbox"/>NBME <input type="checkbox"/>U.S.M.L.E. <input type="checkbox"/>NBOME <input type="checkbox"/>COMLEX-USA															
Date: _____ Signed: _____															
To be completed by the hospital or by the director of medical education	The above-named applicant has been appointed to serve an internship at this hospital for one year beginning: _____ and ending _____.														
	SEAL														
	Signed: _____ Title: _____														
Name and Address of Institution: _____															
FOR OFFICE USE ONLY! DO NOT WRITE IN THIS SECTION	Presented MD/DO Degree Dates				Name Of School				AMA School Code No.				Presented Valid Visa/Naturalization Certificate/Other		
	Fee Paid				Page No				Intern Registration Card Issued Dated						



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OATH OR AFFIRMATION

Answer the following questions

(Yes answers must be explained in sworn affidavit **-AFFIDAVIT MUST BE TYPED!**)

	YES	NO
1. In the five years prior to this application, have you had any physical injury or disease or mental illness or impairment, which could reasonably be expected to affect your ability to practice medicine or other health profession?		
2. In the five years prior to this application, have you been addicted to or used in excess any drug or chemical substance including alcohol or treated through a drug or alcohol rehabilitation program?		
3. Have you ever, either as an adult or juvenile, been cited, arrested, charged, convicted or pled nolo contendere to, violation of any: a) State statute? b) Federal statute?		
4. Has your application for examination or license ever been rejected or denied?		
5. Have you ever failed a licensure/certification examination? If yes, how many times? _____		
6. Have you ever been denied membership in a state, county, or local professional society?		
7. Has your membership in a state, county, or local professional society ever been revoked, suspended, placed on probation, or restricted in any manner?		
8. Have you ever been denied, had suspended, revoked or restricted, or voluntarily relinquished, staff or clinical privileges in any hospital or other health care institution or organization?		
9. Have you had any malpractice claims filed, settled or adjudicated against you within the last five (5) years?		
10. Have you ever voluntarily surrendered, or did you have suspended, revoked or restricted, your narcotics controlled substances license or registration (state or federal)?		
11. Have you ever voluntarily surrendered, or did you have suspended, revoked, placed on probation, or restricted in any manner, any professional license issued by any licensing authority?		
12. Have you ever been the subject of any type of disciplinary action or inquiry by any licensing agency, hospital, institution, society, etc.?		
13. Have you ever agreed not to seek re-licensure in any licensing jurisdiction?		
14. Have you ever been, or are you currently in the process of being denied, terminated, suspended, refused, limited, placed on probation or placed under other disciplinary action with respect to your participation in any private, state, or federal health insurance program (e.g., Medicare, Medicaid)?		
15. Has any court determined you are currently in violation of a court's judgment or order for the support of dependent children?		

OATH OR AFFIRMATION OF APPLICANT

I HEREBY swear or affirm that all statements made and information provided in or with this application are true, correct and complete; that I am the person named in the credentials herewith presented and that I am the original and lawful possessor of such documents; that the photograph submitted to LSBME is a true likeness of me and that it was taken within the last 60 days; that in consideration of the issuance to me of a license/certificate to practice in Louisiana, I swear that I shall observe, abide by and uphold the laws of the State of Louisiana governing my practice and that I shall abstain from unethical, deceptive and fraudulent methods of practice and from immoral, unprofessional and unethical conduct, and that I shall not associate professionally with nor become a partner or employee of any person who resorts to such practices. I hereby agree that the violation of this oath shall constitute cause sufficient for the revocation of said license/certificate and surrender of the rights and privileges accorded me thereunder.

Signed _____

Full Name

Subscribed and sworn to before me this _____ day

of _____ YEAR _____

NOTARY PUBLIC

My commission expires _____



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CERTIFICATE OF DEAN/REGISTRAR

APPLICANT'S NAME

SOCIAL SECURITY NUMBER

Section 1: To Applicant—Complete Section 1 before a Notary. Forward this form to your Medical, Osteopathic or Podiatry School.

Recent photograph

Passport quality photograph of applicant securely affixed. 2" x 2" clear, front view, full face without hat or dark glasses. Full-length photograph, black and white or computer-generated will not be accepted. Applicant is to sign name across bottom of photograph, partly on photograph and partly upon the page.

**Notary is to affix seal
directly on photograph.**

Affix Photograph

Here

(Follow directions carefully.)

I certify that the photograph is a true likeness of _____ (Applicant).

On this the _____ Day of _____, 200_____

Notary Public

My commission expires _____

Section 2: To Dean/Registrar of Medical/Osteopathic/Podiatry School

After completion of this form, return to Office of Licensure, Louisiana State Board of Medical Examiners, P. O. Box 30250, New Orleans, LA 70190-0250. DO NOT RETURN TO APPLICANT.

I hereby certify that _____

Whose photograph appears above, was awarded the degree of, or certificate in, _____

Dated _____ from this school.

Name of school/program

Signature of Medical Dean/Registrar, Allied Program Chairman/Head

Address

Title

Date

Affix School Seal Here



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VERIFICATION OF INTERNSHIP OR EQUIVALENT PROGRAM

Section 1: TO THE APPLICANT--In order to be eligible for licensure in Louisiana, an applicant who is a graduate of a U.S. or Canadian Medical School or college must present proof of having completed at least one year of postgraduate clinical training in a medical internship or equivalent program accredited by the American Council on Graduate Medical Education (ACGME) of the American Medical Association, or by the Royal College of Physicians and Surgeons (RCPS) of Canada and approved by the Board.

Complete the top section of this form and then forward it to the Director of Medical Education or Program Chairman for completion of the bottom section.

To Whom This May Concern at _____:

I am applying for license to practice medicine in the state of Louisiana. This is your authorization to release all information in your files concerning me, favorable or otherwise, to the Louisiana State Board of Medical Examiners.

Print Or Type Your Full Name _____

Signature _____

Address _____

City, State and Zip Code _____

Section 2: To be completed by the Director of the Hospital or by the Director of Medical Education and returned directly to: Office of Licensure, Louisiana State Board of Medical Examiners, P. O. Box 30250, New Orleans, LA 70190-0250. This form is NOT to be returned to the Applicant.

Re: _____
(Applicant's name)

This to verify that the records of this institution indicate that the referenced physician served an Internship or Equivalent Program as follows:

Dates of Internship (PGY-1): Start Date: _____; End Date: _____

Type of Internship served: _____ Transitional; _____ Rotating; _____ Categorical (specify specialty) _____

Did the physician successfully complete the Internship? _____ Yes; _____ No.

Please explain _____

Date: _____

Signed: _____

Title: _____

(Seal of Institution)

Name of Institution: _____

Address: _____



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THIRD PARTY AUTHORIZATION

Insert Full Name:

I understand and acknowledge that the submission of an application to, as well as the acceptance or maintenance of, any license, permit, certificate and/or registration (hereinafter referred to as a "license") issued by the Louisiana State Board of Medical Examiners (the "Board") shall constitute and operate as a perpetual authorization by me to each educational institution at which I have matriculated, each state or federal agency to which I have applied for any license, permit, certificate and/or registration, each person, firm, corporation, clinic, office or institution by whom or with whom I have been employed in the practice of medicine or as an allied health professional, each physician or other health care practitioner whom I have consulted or seen for diagnosis or treatment and each professional organization or specialty board to which I have applied for membership, to disclose and release to the Board any and all information and documentation concerning me which the Board may deem material to the consideration of my initial application and during such period as I may hold or maintain a license. With respect to any such information or documentation, the submission of an application to or the acceptance or maintenance of a license from the Board shall equally constitute and operate as a consent by me to the disclosure and release of such information and documentation and as a waiver by me of any privilege or right of confidentiality which I would otherwise possess with respect thereto.

By submitting an application or accepting or maintaining a license issued by the Board, I shall be deemed to have given my consent to submit to physical or mental examinations if, when and in the manner so directed by the Board and to have waived all objections as to the admissibility or disclosure of findings, reports or recommendations pertaining thereto on the grounds of privileges provided by law. I acknowledge that the expense of any such examination shall be borne by me.

The submission of an application or the acceptance or maintenance of a license from the Board shall also constitute and operate as perpetual authorization and consent by me to the Board to disclose and release any information or documentation set forth in or submitted with my application, or which then or at any time thereafter may be obtained by the Board from other persons, firms, corporations, associations or governmental entities, to any person, firm, corporation, association or governmental entity having a lawful, legitimate and reasonable need therefore, including, without limitation, the medical and/or allied health professional licensing, permitting, certifying and/or registering authority of any state; the Federation of State Medical Boards of the United States; professional organizations, associations and societies; the American Medical Association and any component state, county or parish medical society, including but not limited to the Louisiana State Medical Society and component parish societies thereof; the American Osteopathic Association; the Louisiana Osteopathic Medical Association; the Federal Drug Enforcement Agency; the Louisiana Office of Narcotics and Dangerous Drugs, Office of Licensing and Registration, Department of Health and Hospitals; federal, state, county or parish and municipal health and law enforcement agencies and the Armed Services.

I understand that this authorization and consent is valid commencing on the date herein below subscribed and that such will remain in force and effect until and unless I withdraw my application for, or no longer possess or maintain, a license issued by the Board. I also acknowledge that a duplicate of this document may serve as an original.

Signature: _____
Full Name

****TO BE SIGNED IN THE PRESENCE OF A NOTARY**

Subscribed and sworn to before me this _____ day

of _____, 20 _____.

Notary Public

Seal

MY COMMISSION EXPIRES: _____